

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/018656**

FILING DATE

APPLICANT(S)

*Pro A* CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
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TOTAL IND.			2		2	
TOTAL DEP.			9		9	
TOTAL CLAIMS			11		11	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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